

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	lw	68904	2/18/00
O.I.P.E. CLASSIFIER		59	3/6/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	cg	69465	4-27-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/9/16
2	✓	✓	11/9/16
3	✓	✓	11/9/16
4	✓	✓	11/9/16
5	✓	✓	11/9/16
6	✓	✓	11/9/16
7	✓	✓	11/9/16
8	✓	✓	11/9/16
9	✓	✓	11/9/16
10	✓	✓	11/9/16
11	✓	✓	11/9/16
12	✓	✓	11/9/16
13	✓	✓	11/9/16
14	✓	✓	11/9/16
15	✓	✓	11/9/16
16	✓	✓	11/9/16
17	✓	✓	11/9/16
18	✓	✓	11/9/16
19	✓	✓	11/9/16
20	✓	✓	11/9/16
21	✓	✓	11/9/16
22	✓	✓	11/9/16
23	0	0	11/9/16
24	0	0	11/9/16
25	0	0	11/9/16
26	0	0	11/9/16
27	0	0	11/9/16
28	0	0	11/9/16
29	0	0	11/9/16
30	0	0	11/9/16
31	0	0	11/9/16
32	0	0	11/9/16
33	0	0	11/9/16
34	✓	✓	11/9/16
35	✓	✓	11/9/16
36	✓	✓	11/9/16
37	✓	✓	11/9/16
38	✓	✓	11/9/16
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42	✓	✓	11/9/16
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44	✓	✓	11/9/16
45	✓	✓	11/9/16
46	✓	✓	11/9/16
47	✓	✓	11/9/16
48	✓	✓	11/9/16
49	✓	✓	11/9/16
50	✓	✓	11/9/16

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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